

LIFE IN YOUR HANDS

Body Mapping with adults living with HIV/Aids in Kenya

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PROLOGUE

The seeds of our work are still in my bag: real seeds of orange flowers that have once blossomed in Karim's garden. Now, as I sit next to Karim's bed, my hands scrambling through my bag, I touch the seeds again and remember. I touch his feverish hand and remember how he had thought that he could never again write or paint with his crippled fingers. I see his glassy eyes slip between our faces and remember the concentration with which he then did paint, adorning the devilish monster virus with scary thorns and spikes. I sense my stomach hollow in response to his flattened body under the blanket and remember how he had danced with sometimes hesitant moves but joy shining through his eyes. I feel the desire to touch him again, to wrap my arms around this bundle of body, and I remember him sitting on the floor gently holding in his crippled hand the head of another person.....Maybe it is time to put those seeds into soil.

Karim was one of 12 participants in a week-long body mapping workshop for adults living with HIV/AIDS in Korogocho, a slum community in Nairobi, Kenya. The workshop was organised in July 2005 by AHADI (African Organisation for Health and Development International) and conceived as a Kenyan pilot project for the use of body mapping as a therapeutic tool by organisations working in the field of HIV/AIDS. Its approach was based on a working model originated in Uganda and since 1999 further developed by Jonathan Morgan and "Memory Action Projects" based at the University of Cape Town, South Africa.

Morgan (2004) describes body mapping as a participatory qualitative research tool and a process which draws on the therapeutic disciplines of art therapy, narrative therapy and bodywork. It involves painting a life-size outline of one's body onto canvas and using pictures, symbols and words to represent the path that one's body has taken through life. This includes physical marks (e.g. scars, stretch marks etc.), body parts / areas of emotional significance (e.g. hands, womb etc.), current states of wellbeing and illness, and visions of the future. The painting of the maps is interwoven with personal story telling, discussions and guided visualisation in groups.

In the case of the Kenyan pilot project, the original methodology was extended to include more bodywork as well as movement improvisation and dance in order to strengthen the link between the lived and the represented (painted) body. The overall workshop approach was aimed at highlighting and strengthening positive ways of living HIV positive in order to counteract the participant's experience of social exclusion and their internalised stigma of being lost cases and dangerous to others. The final body map paintings were also designed to contribute to public awareness rising during the Art for Action Festival Nairobi in the lead-up to World Aids Day, 1st of December 2005.

THERAPEUTIC ROLE AND NARRATIVE APPROACH

In this article, I will retrace the artistic and therapeutic process of the Korogocho workshop – a process that gave rise to moments that were deeply life-embracing as well as reflective of the reality of suffering and dying in the participants' lives. I will do this from my perspective as a Dance Movement Therapist (German, UK-trained, Kenyan resident) who worked as co-

facilitator alongside two visual artists (Kenya-based Belgian and Kenyan) and one social worker (Kenyan), further supported by two Christian church based community health workers (Kenyan). I was brought into the team in order to design and facilitate creative and therapeutic movement interventions that would build trust and cohesion within the group and experientially support the different stages of the body mapping. I further had the role of a group witness who was able to contain, follow, predict and, when necessary, intervene in psycho- and group-dynamic processes. In daily team meetings I additionally acted as a 'psychotherapeutic reporter' and advisor on the pacing and sequencing of the workshop process according to the participants' readiness to deepen their explorations in each step of the body map.

Throughout the article, I will illustrate my use of Dance Movement Therapy (DMT) approaches and discuss their impact in creating a bridge not only between the lived and the represented body, but also between past, present and future, the individual and the collective, and between life and death. This will be done with reference to DMT and bodywork literature as well as research from the fields of intercultural and transpersonal therapy. My therapeutic approach of using clients' and my own imagery (painted or spontaneously arisen in one's mind, speech or gestures) for the exploration and understanding of a client's / participant's psychological process will be reflected in my style of writing.

Passages rich in images, impressions and story fragments will be woven through the article in order to bring the workshop experience alive and to illustrate the potential of images to resonate through time (past-present-future), space (workshop – life outside) and consciousness (conscious – unconscious; personal – interpersonal – transpersonal) (Meekums 2002). Those passages will further appear in present tense and thereby reflect my understanding of authentic therapeutic witnessing. This kind of witnessing is based on being present in the here and now in order to receive and resonate with the client's verbal and non-verbal communication (Musicant 1994, Adler 2002). As reflected in my retelling of significant workshop moments, witnessing also means to mentally record, remember and, when appropriate, to reflect back what I have witnessed. It also involves sharing my own impressions and reactions as one possible inroad to make meaning. As Jungian analyst van Loeben Sels (2005) put it, the imagery, imagination and feelings arising for the therapist during the therapeutic encounter can never fully grasp a client's reality but can "point *toward* understanding" (p.222) in a way that doesn't flatten differences between therapist and client nor minimise the mystery of life inherent to the individual psyche and the therapeutic process.

THE COMPLEX FABRIC OF LIFE

There are already layers of yellow, orange, green and brown. Today, a new thread of blue-turquoise colour is woven into the chilly morning. With the so-far knit blanket spread over us, keeping us warm, Miriam shows me how to do it: loop through each of them, combining the two together and linking to the next. Half an hour later, a first thin line of blue has settled on its ground of brown, and the whole group stands in a circle moulded into the shape of the room's rounded wall. Our hands fold in prayer, rise up to the sky, point down to the earth and grasp our neighbours' hands as we sing and dance to the tune of a local gospel song.

This is the beginning of our workshop, although all participants have been visited at home at least once in the preceding weeks by Otieno, the social worker, and Xavier, the Belgian artist. During the visits, the four men and eight women had told the story of their lives and illness, some surrounded by family members, some in confidentiality. Some of the stories had poured out, others came slowly and hesitantly. HIV/Aids in Kenya (as in most other countries around the world) is still laden with many taboos and misconceptions. (Cifuentes 2006) All stories speak of economic hardship, some of the fall from an affluent background to the corrugated iron shacks of Korogocho. All speak of the loss of family members, some of the death of their husbands or wives. All speak of the shock of finding out about their HIV positive status. All speak of isolation and the fear of confiding into others, many of the rejection experienced at the hands of friends and family members. But everyone also speaks of hope and the love for their children.

There they are as we gather for the first time in the round hut of the health clinic run by Korogocho's Redeemed Gospel Church – one of the many Christian Churches providing spiritual and social services in Korogocho: Mike's little boy Moses is shyly pressed against his father's chest, not wanting to let go of him at any time. It is his father now who solely looks after him and his sister since their mother died last year. Mike didn't know that she had AIDS – she never told him. He just can't understand why she didn't, he loved her so much. It was at the funeral that he was told by one of her girlfriends - the only one of their old circle of friends who still comes around and helps him out with the children. All his friends now are from the Redeemed Gospel Church AIDS support group which he joined shortly after he found out that he got infected by his wife. Luckily, his two children are HIV negative. He prays to God that he will live to see them go to university one day.

Nelly was not so lucky. The 4-year old girl comes in during her midday school break to get her share of our workshop lunch of bean stew, spinach, potatoes and chapatti. This is good food, and she knows that she needs it to keep fighting the virus within her. Her mother Jane hasn't been able to keep much food down for the past 5 months, and she is very thin and very sick. Throughout the workshop week, Jane's fragile shadow limps in and out of our space in-between doctor's appointments to find a medicine that would make her less nauseous. But when she and Nelly sit side by side, both slightly bent over, eyes cast down and fingers playing as if in secret talk, you can see flickers of mischief and a quiet peace that binds them firmly together.

And then there is Rose's baby, not yet born but showing in her mothers' proud bump. Thanks to the education received in support group meetings, Rose knows about the danger of mother-to-child transmission in childbirth and through breast-feeding. Her baby is highly unlikely to be positive. Rose knows that she got the virus from her husband. And she thinks he knows, too, although they don't talk. She fears that he would chase her and the children out of the house, wild about the implied blame that he had been sleeping around. But recently, she has noticed that he secretly takes her Anti-Retro-Viral medication to treat himself. Although an indirect acknowledgement of his and her status, Rose is now struggling to get enough pills for her own treatment. Her husband just wouldn't go to any clinic for the fear of going public with his illness.

OPENING THE ARENA

Disclosure is still one of the biggest hurdles in the fight of HIV/AIDS in Kenya, particularly in closely-knit communities like that of Korogocho. Not many dare to tell their kin or friends, with often dire consequences for themselves and others. (Cifuentes, 2006) In order to introduce the issue of disclosure in a playful and non-threatening way right at the beginning of the workshop, we ask the participants to create name tags. Knowing that some group members are illiterate and might never have held a colouring pencil in their hands we split the group into pairs for mutual support. Most participants quickly set to task with much enthusiasm and chatter with their neighbour. By the time everyone has got their name pinned to their chest, the atmosphere in the room is relaxed and ready for parade. The drum calls the first person into the elongated circle that becomes our stage. Much laughter, much clapping. Some walk on shyly, others strut up and down with confidence. Some flash their names from underneath their jackets, others openly expose them to the limelight. Otieno beats the drum in raising expectation at the entry of every person, and I take the camera for a final pose and shoot at the end of every walk.

Spirits are high now. Confidence and ease with each other are great enough to carry the group into the afternoon's task of drawing and sharing significant moments of their lives. At this stage of the workshop, the resulting drawings are still fairly schematic and predictably clichéd with symbols such as the red AIDS ribbon and the tomb stone cross. But in all drawings, individual spirit is gleaming through the choices of colour and texture: Latifa's daringly pink jacket, vivid even in face of the storm of colour-dots on her skirt, resonates in perfect harmony with her ready-for-action laughter and flirtatious movements as soon as there is singing or dancing in the room. The expansive red of Mike's natal home glows in his embrace which smoothly and calmly receives and releases his son Moses who hones in and

scrambles out again and again. Margaret's childhood vegetable garden is packed with different layers of green, all contained in a thick brown frame as immobile as Margaret herself in her initial refusal to even touch a crayon. And John's repeated request for someone else to choose his colours leads to an array of wild, wide-swinging strokes on paper. They mirror his gestures as he tries to nail down the reasons for his being colour blind today. It just happened and it disturbs him. He normally has a strong sense for colours. Today's lack of colour is in such stark contrast to his strong and active presence in the group – it doesn't make sense, not to him, nor to anybody else.

COMING TO SENSE

At the end of the day, John's riddle stays with me. As a dance movement therapist, it raises questions that are fundamental to my work: how can we bring ourselves (back) to our senses? How can we use our body with all its ticks and tricks as well as beauty and vitality, to make sense of our lives? And how can we bear the senselessness of an illness that gradually eats away this very body? With such big questions weighing, we had initially turned to our bodies to connect to each other, to connect to movements that are bigger than each of us alone, and to connect to a being higher than us. As Scott-Danter (1998) points out in her article about her experiences as a drama therapist in Mozambique: "People react to trauma in accordance with what it means to them in their cultural context and social forces transform individual traumatic experience. There will be some individuals who will merit individual treatment but the majority may cope with recovery as a collective activity, 'primarily seeking to re-establish the social and spiritual base of their lives'." (p.96, with reference to Summerfield 1993, p.5)

The opening of the body map workshop with prayer, song and dance clearly responded to such a need for collective and spiritual connection. The initial prayer song with the heaven- and earth-bound gestures was initiated by the participants and part of the majority's spiritual-cultural heritage as well as their weekly support group which is Christian-based but open to members of different faith, mostly Muslims. In response to the gospel dance, I introduced a second song and circle dance that emphasised the human-to-human connection in words ('friendship', 'share in joy and sorrow', 'in peace united') and movements (holding hands, coming towards each other, moving around the circle together). I felt that it was important to return a welcome gesture in kind as well as to provide the participants with a first bodily felt experience of the workshop's emphasis on solidarity, sharing and celebration of life. Dance literally made sense at this point, not only through its symbolic content but also through the physical contact and energy created: "Of all human forms of celebration, I suppose dance is the most ancient and universal. It explores and glorifies the prime human and animal capacity of movement throughout the entire organism. As a way of becoming attuned to the mobility in others, and of sharing vitality, it has no equal." (Brooks 1974, p.41)

Gaining a stronger sense of one's own and others' life force – this became the cornerstone of my bodywork, movement and dance interventions during the next few days. We started every morning with prayer (Christian or Muslim), dance and an improvised warm-up in the circle. The warm-up followed principles developed by the dance movement therapy pioneer Marian Chace and included shared leadership for movement ideas, group rhythmic action and further development of spontaneous movements which I considered significant to the group process (Sandel et al, 1993; Levy, 1988). One of the recurring movement motives during these warm-ups was one of rising upwards and going down towards the ground, seemingly an extension of the heaven- and earthbound gestures of the initial gospel song. The group would descend with a sense of suspension, only to spring up again just before the hands could touch the ground. Finally, the dancers would give into the full pull of gravity and, after much exertion and competitive display of strength, fall to rest on the ground. The movements seemed to resonate with the participants' constant struggle for life against death, the ups and downs of treatment, and the when and how of dying, giving up or coming to rest. The competitive element also pushed participants to activate more strength than habitually applied to day-to-day movements. For some it even meant surprisingly and encouragingly more strength than thought possible at their stage of life and illness.

Other movement interventions directly supported various stages of the body mapping. Throughout, the painting took place in pairs in order to strengthen the workshop's aspect of solidarity and support. This meant during the initial stage that participants not only traced their own body outline onto their individual canvas, but were visually supported by a second outline of their (workshop) partner's body in the background. In order to connect this symbolic act of support to direct bodily experience, we first guided the couples through an exploration of each other's body shape and weight through touch. During the exercise, I emphasised a contemplative quality while touching through conscious placing and resting of hands and while receiving touch with eyes closed and with a sense of sinking deep into one's body. As Brooks (1974) states:

"The mere fact that one comes to the other quietly and without overt manipulation is normally very moving to the person touched. He feels cared for and respected. And the one who touches, if he is really present in what he does, is apt to feel something of the wonder of conscious contact with the involuntary, subtle movement of living tissue....an exchange of vitality occurs simply because we are all alive and give off energy and have the senses and consciousness to perceive aliveness...." (p.103-104)

Conscious touch and perception without manipulation were also at the heart of the following bodywork exercise preparing participants for the next step of the body map which involved drawing the portrait of one's partner. This portrait was drawn onto a separate sheet of paper and later transferred in painting onto canvas by the portrayed person herself. Since this meant exposing oneself to the eyes and pencil of the partner we first wanted to facilitate an atmosphere in which the portrayed person could trust the drawing partner's gaze. I asked one person to lie down and close her eyes and the other person to sit behind, touch, feel and hold her partner's head while at the same time looking at the face in hand.

This exercise was inspired by Olsen's (1991) work in experiential anatomy and informed by my own practice of Authentic Movement which emphasises the principle of non-judgemental and fully present witnessing of another person in movement and stillness (Pallaro 1999; Adler 2002). While the lying person was thus literally giving her head and face into the partner's hands, it gave the latter the opportunity to perceive the other person's portrait visually and kinaesthetically at the same time. This together with the unusual proximity and varied perspectives gained while gently moving and tilting the partner's head contributed to a potential shift of attitude in the looking person, enhancing his ability to let his "eyes be open to the eyes of another as windows open to the comings and goings of the air" (Brooks 1974, p.108).

DREAMING TO LIFE

With so much emphasis placed on contact and exchange between partners during the first two days of the workshop, the group is close and trustful enough to move on day three onto a deeper and individual exploration of one's sense of life. The aim is to find personal symbols of life and health that arise from the real, lived body and can be mapped out on canvas. The following exercise draws on Jung's technique of active imagination (Chodorow 1991, 1997) and is based on the understanding that "our moving, living body is intelligent, and our thinking arises through material physical sources as surely as it may seem to move beyond them". (Fraleigh 2000, p.57) It is further informed by my own experience of Tina Stromstead's work (2005, 2006) in activating healing symbols and dream images slumbering within the body.

I guide the group in a sitting circle through a body journey that involves deep relaxation with eyes closed, active imagination and self-touch. Attention to breath and grounding help to establish an inner focus. We then travel through the whole body, paying attention to sensations at different places and locating one area that felt strongest, most present, most alive. I ask everybody to place their hands onto that place and to see it from their inner eye, to give it a colour, to form a picture or to hold onto an image that might come to them spontaneously. Once the image has gained clarity, we move into a transition from inside to outside by imaginatively placing this inner picture into our hands and guiding it away towards the floor in front of us. Here, participants find a piece of paper and pencils and, once eyes opened, immediately start drawing their image.

In most cases, the drawings are schematic representations of body parts such as the heart, head or legs. The connection between the physical and the imaginative does not seem to be immediate or easily expressed in drawing. But when Xavier, Jes'se (Kenyan artist), Otieno and I take the time to engage in one-to-one conversations, weaving forth and back between the chosen body part and day-to-day life, the initial pictures start to develop, enfold their personal stories and fill out with symbolic meaning. Jane's heart receives a black line, moving out far beyond with rhythmic peaks and falls, thin and a bit shaky, but beating, thank God, still beating when she goes to bed a night, and, so she prays, still beating when she wakes up in the morning. It's the first thing she checks every morning, the sign of her life.

Rose's eyes are painted in white. They are bright and wide open to a market scene. Instead of the iris and pupil, she paints vegetables and fruit as they are piled up on her market stall. This is where she sits day by day, keeping a very sharp eye on customers and the money changing hands. With the strength of her eyes she is able to make a living for her family, including her baby not yet born. This is why the eyes look out from a big, white round painted at the place where her baby currently rests.

John's brain lays bare as if to be examined in detail. He calls it his tower of control, the centre from which he can fight his virus. But it is also the place where he loses his memory from time to time. Like the other day when he suddenly could not distinguish colours anymore. The same day he had also forgotten his way back home, and he was terrified. He knows now that at such times his brain needs more rest, somewhere away from everything, somewhere green and spacious. John paints radar waves emanating from his brain, strong and bold, broadcasting his fight against HIV/Aids into the world. Luckily, these waves can also pick up care and quiet when the noise becomes too much.

Margaret, the elder in the group, finds her symbol in a very different way: it comes to her in a dream. During the body journey she falls asleep and dreams that she is walking on a path back to the house where she was born. It is the house with the vegetable garden, and she is healed and strong. Normally very quiet, she immediately shares her dream with the group as she wakes up at the end of the exercise. With some help she draws a head next to her own head on the body map. She calls it her dream head that speaks to her of happiness.

Some time later, while everybody is busy on the floor, bent over their canvas and painting with much concentration, one of the women, her baby in her arms, suddenly starts singing. It is a traditional song of rebirth, in a very old language the literal meaning long lost. It is a song that is sung during rites of passage such as marriage or birth of a child. Now she sings it in honour of the dream. Other women join in and they rise with their voices to dance in-between the ones painting on the floor.

This is the middle day of the overall workshop and it leaves me in awe. Something was born in the midst of the group and with it not only the paintings but also gestures, movements and simple activities take on a symbolic, even sacred character. I remember yesterday's washing of paint-covered hands and feet, two women bending in front of every participant and pouring water over skin. Today, canvases are being carried out of the room and into the sun to dry. Like shrouds they are taken out of darkness to let their brilliant colours shine. Later, they are brought back in to be stored for the night. The round space empties and fills again as if following a natural cause.

LIGHT AND DARKNESS

It is interesting how the search for individual symbols has led to a strong collective and transpersonal experience. I believe that there were a multitude of factors supporting this process. Some of these are a cultural tendency to find meaning in life collectively, e.g. through tribal and religious traditions (Miller 2003); the strong cohesiveness within the group and its safe containment by the team of facilitators; the extent and depth of talking and listening that took place on that day; and the engagement of the individual and collective unconscious through body and imagination. According to Lewis (1997), this descent to

unconscious layers of the psyche “is seen outwardly through.....archetypal images, themes, sounds and movement for which art, drama, music and dance provide the sacred container.” (p.244). She further highlights the necessity of the culturally different therapist to be experientially knowledgeable of the spiritual tradition(s) and possible movement themes and forms that can emerge in order to open and hold the space for the moving client to fully manifest herself. In the Korogocho workshop, this kind of knowledge gained during my many years of work in various African cultures - a collection of essences, gestures, sounds, shapes, feeling tones and rhythms - was stirred with the sensitivities and knowledge of my co-facilitators and baked into the ground on which we sat, stood and moved.

From this ground, the inner journey through body sensing, imagining and dreaming brings forth a song and dance that is borrowed from an old, pre-Christian and pre-Islamic ritual performed during various rites of passage. Transferred from its traditional context to the workshop situation, its core message and function nevertheless remain intact: the promise of rebirth, the possibility to start again or, as John put it, “to feel like a prisoner who has been locked up for seven years and is just about to be released in a week’s time”. Psychomotor therapist Zwart and art therapist Nieuwenhuis (1998) have noticed in their work with West-African refugees that “[i]n a healing ritual, the attention is focused on the expulsion of bad conditions” (p.74). This notion of warding off and expelling evil clearly resonates with our participants’ longing to leave their illness behind, to survive, in person or through the birth of their virus-free children. John tells us later about his (also positive) wife’s new pregnancy. He is very excited and hopes for the baby to be HIV negative and a boy so that he can name him Darwin: Darwin and his theory of evolution, the possibility of spontaneous genetic change. Darwin and the birth of someone fit to survive this Aids-infested world.

Within the workshop group, however, this powerful surge to light and hope also has the effect of splitting off the darkness of death residing in the midst of the group. Throughout the day, we are aware that Jane repeatedly leaves the group, called to various medical appointments in search for pills that would make her less sick and able to eat again. A very thin shadow, she is wrapped into a thick shawl. ----- That night I dream that I am in my house at night and hear an intruder moving about downstairs. I am very scared and try to switch on the light but don’t manage. No light works, not even the display screen on my mobile phone. I move downstairs, I can hear and sense the threatening presence of the other, but I cannot see. I am trapped and terrified. ----- The next day I walk over to Jane and she lifts her shawl to show me her bones sticking out. She wants me to lay my hand on her bare stomach, to feel the hollow.

RETURN TO BATTLE

Looking at the role of the therapist in supporting a client’s or, in this case, a group’s process of integration and growth, Lewis (1997) speaks of counter transference as a way to catch and to emotionally and/or physically experience the client’s split-off psychic material. If the therapist can bring the counter transference to her own, and later the clients’ consciousness, she can prevent it from going underground again. In my own case, counter transference expressed itself through a sudden and unexpected sadness at the end of the day. It further called my attention in the dream with its sense of blind terror and no escape – an archetypal ‘Dark Man’ dream. It is seen by some Jungian analysts as not only an indication of the dreamer’s interior life but also as a reminder of the threatening aspects of the external culture. In the context of social activism, Estes (1998) regards the occurrence of this dream as a wake-up call or “tonic” to refocus or reinforce the course of action at hand. Following this call, I shared the dream with my team members the next morning. In consciously making contact with Jane, sharing and acknowledging her presence and her suffering we were then able to bring her and the reality of illness back into the group. This was the day to give it a face: it was the day to paint the virus.

Karim takes the longest and the most care. His virus is huge, a multi-headed monster devil. With several helpers at hand he adorns every head and leg with scary horns and spikes, one by one in black and red. The devil’s white eyes stare at him in fierce attack. But Karim is not completely without defence: he has placed his devil virus outside his body just in front of his

knee which seems to be kicking out. Inside him, his symbol of life, a beautiful flower, picks up the red and dances in his chest. It carries the memory of his garden that he had planted against all odds in the dust and grey of his Korogocho courtyard. The garden has now dried up again, but he has kept the seeds of his flowers and will plant again.

Fatouma, in contrast, gets it over and done with quickly. She often looks away while painting the red sperm- or snake-like wriggles that travel up her body right into her head. Inspired by Karim's devilish horns she decides to add yellow spikes to her viruses with the odd effect that her skin looks scarred by tiny flowers. Four months later, it will be Fatouma who walks through Karim's courtyard every morning and evening, bringing food and clean water as he lies sick in bed. Their friendship has started some time while painting.

Jane's virus is also a swarm of red squiggles, but unlike Fatouma's they don't seem to be moving upwards but running down like trickles of blood. There is nothing else in the vast blue space of her body, only her heart and the virus battling it out. Consolata's red caterpillar-virus looks bloodthirsty, attacking her chest, invading her face, sucking on her cheeks and finally closing in on her whole head. She looks as if in flames, suffocating. Jane and Consolata are already friends extending into the past and an uncertain future.

With brushes and thoughts tracing the virus, the body's frailty is laid bare. In order to clothe and contain it in words, Xavier and Jes'se encourage the group to use graffiti-style writing around their painting. Many record the history of their illness in date of discovery, kilograms of weight loss or gain, white blood cell count and onset of Anti-Retro-Viral Treatment. Mercy includes her feelings of depression, John his need for rest. Miriam provides a list of foods that give you strength, energy and blood, and Mani calls upon the world to join the fight against the killer disease.

This is the note on which the workshop ends: determination to carry this battle against the virus out into the world. Not to suffer anymore in isolation and anonymity. To tell their stories, to be someone and to be loved. Once again, Otieno drums our hearts together and we fold our hands in prayer, raise them up to the sky, point down to the earth, hold on to each other and sing and dance for in "the warrior's last dance....death itself must sit by, waiting until the dance is over". (Brooks, p.41)

EPILOGUE

Six months later, death is still on its waiting post. Karim has regained some strength after his dark spell of sickness and his garden is sporting its first new flower. Jane is still very thin but can now eat again. The body maps have been exhibited in several major halls and public spaces in Nairobi as well as in Korogocho. With the support of AHADI, many participants have followed their maps into the public arena. Most have spoken about their lives and paintings at the exhibitions and some have participated in conferences on HIV/Aids and appeared on radio and TV. John and Fatouma in particular have become local key figures, so-called peer educators, and support and guide other community members through the process of testing and disclosing their status. For Margaret, the story went the other way around: instead of walking home to her place of birth like in her dream, some relatives from home saw her on TV and decided to come to her and visit her in Korogocho.

Changes have taken place in the privacy of the participants' homes. Many have started using small-sized, laminated copies of their body maps to broach the subject of their illness with family members, friends and neighbours. It seems to facilitate communication when having a 'transitional object' and the merits of the art work to focus on. The sense of achievement gained with the completion of the paintings has also led many participants to a renewed belief in their educational, artistic and productive abilities. Miriam, for example, has now for the first time since leaving primary school many decades ago picked up a pen again and is regularly writing home to her mother and brother. To make it extra special she decorates those letters with little drawings. Together with Latifa she is contemplating further education and the possibility to produce paintings for sale. And not only the workshop participants are thinking about painting. Having seen the art works and their effect on their creators, the idea of body

mapping has also caught fire with friends, neighbours and other community members many of whom have expressed the wish to attend a similar workshop. One repeat has already taken place in a different community and others are planned.

At the end of the year, we all come together again to celebrate our achievements in the form of a Christmas party. This time we meet in Otieno's office which has just been extended to a second room on the roof of the first one. The windows and doors are framed but not yet installed, leaving the warm air blow through unhindered and our eyes wander far over the roofs of the slum into the haze rising from the rubbish dump at the edge of Korogocho. In the foreground, Karim's Christmas present - a potted orange flower - is moving in the air. We eat, we talk, we dance, and this time we really touch the blue sky stretched out so close above us: Merry Christmas! Christ is born, and with him the promise of life and the certainty of the cross.

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